POLITICAL ACTION COMMITTEE (PAC) REGISTRATION FORM

To be filed with: Charlie Daniels, Secretary of State State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3408

Registration for calendar year 2010

For assistance in completing this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Toll Free (800) 422-7773

	ls this re	port an amendm	nent?	s 🗖 No								
Section One: PAC Name If the name of the PAC is an acron	lym, the full name	of the PAC <u>and</u>	the acronym s	should be dis	sclosed.							
Name of PAC (in full): First Tennessee Local Political Action Committee												
cronym (if applicable): First Tennessee Local PAC 1039												
				•								
Section Two: PAC Address & Phone Number If PAC has no office address, use the address of the PAC officer authorized to receive notices on behalf of the PAC.												
Address: 165 Madison Avenue		.				-						
City Memphis	State_	TN Zip	_38103 _Te	elephone N	umber							
					SEP 🕏	글 ^사 2010						
Section Three: PAC Officers Provide the name, address, telephone number, and place of employment for each officer of the PACHARLIE DANIELS SECRETARY OF STATE												
Name: Herbert Hilliard				Title	Chairman and	Assistant Treasurer						
Address: 165 Madison Avenue, 15 ^t	^h Floor City:	Memphis	S	tate: <u>TN</u>	Zip: <u>3810</u> ;	3						
Place of Employment: First Horizon National Corporation				Tele	phone Number:	(901) 523-4826						
Name: Kim Cherry			•		Treasurer and							
Address: 165 Madison Avenue, 23	^d Floor City:	Memphis	S	tate: <u>TN</u>	Zip: <u>3810</u> 3	3						
Place of Employment: First Horizon National Corporation				Tele	_Telephone Number:(901) 523-4380							
Name:					Title:							
Address:												
Place of Employment:				Tele	phone Number:							
Name:					Title:							
Address:	City:		SI	tate:	Zip:							
Place of Employment:				Tele	phone Number:							

Section Four: Interests Represented Provide any professional, business, tra- organization, association, corporation,	de, labor, or other								
Name of Interest Represented: First	st Tennessee Ban	k National	Association	i <u>.</u>					
Address: 165 Madison Avenue	Cit	y: <u>Mer</u>	nphis		_State:_	TN	Zip:	38103	
Name of Interest Represented:						. <u>.</u>			
Address:	City:			_State:_	_	_Zip:			
Name of Interest Represented:									
Address:									
Name of Interest Represented:									
Address:	City:			_State:		_Zip:			
Section Five: Financial Institution Provide the financial institution that the making expenditures within the State of Full Name of Financial Institution: First	f Arkansas.		,		purpose	es of rece	eiving cor	ntributions or	•
Street Address: 165 Madison Avenue				,	Zin:	38654			
t hereby accept the designatio	n as Resident Ago	ent.		Signatur Mary Fa Name of 423 Address	re of Res ith Floyd f Reside 1805 C	ident Ag I nt Agent	ent V	Kemphis, r	1230 IK
		<u>Affi</u>	<u>davit</u>						
I certify under oath that the above infor four (4) years records evidencing (1) the along with the amount contributed and the committee, along with the amount of the State of Arkansas for all purpose.	ne name, address (2) the name and contributed. By fili	, and plac I address ng this reg	e of employr of each can jistration forr	ment of ead didate or o m, the com	ach pers committee nmittee h ter 6, Titl	on who dee which nereby sule 7 of the	contribute received ubmits its e Arkans	ed to the con I a contribution elf to the juri	nmittee, on from
State of Tannessee (NE L.) ss. Compared to the control of the c		y of <u>Sep</u>	tember	Signatur	_, 2010. •• of Not	L H	en.		
My Commission Expires:	COMMISSION EX January 26, 201	Pires: 1							

My Commission Expires:__